



National Emergency Medical Services Advisory Council

Meeting Summary

July 9–11, 2019

**Department of Transportation
1200 New Jersey Ave. SE
Washington, DC 20590**

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National Emergency Medical Services Advisory Council

July 9–11, 2019

Meeting Summary

These minutes, submitted pursuant to the Federal Advisory Committee Act, are a summary of discussions that took place during the National Emergency Medical Services Advisory Council (NEMSAC) meeting on July 9–11, 2019. See Appendix A for a list of meeting participants.

Day 1: July 9, 2019

Call to Order and Introductions

Vincent Robbins, MS, and Jon Krohmer, MD

Mr. Robbins opened the meeting at 9:00 a.m. and welcomed NEMSAC members and other participants. Dr. Krohmer, the Designated Federal Official for this NEMSAC meeting, reviewed the meeting agenda and asked NEMSAC members and the audience to introduce themselves. Dr. Krohmer then asked NEMSAC members to identify conflicts of interest or potential conflicts of interest that have arisen since the October 15–16, 2018, NEMSAC meeting. See Appendix B for a list of new conflicts of interest and potential conflicts of interest.

Approval of October 15–16, 2018, NEMSAC Meeting Minutes

A motion to approve the minutes of the October 15–16, 2018, NEMSAC meeting carried unanimously.

Federal Liaison Updates

Department of Transportation

Jon Krohmer, MD

The Office of Emergency Medical Services (OEMS) in the National Highway Safety Administration (NHTSA) is recruiting NEMSAC members to fill three open positions, ideally before the council's September 2019 meeting: hospital administrator, state highway safety administrator, and local or state legislator.

Other announcements were:

- Mr. Chaney has taken over the responsibilities formerly held by Jeremy Kinsman for the National EMS Information System (NEMSIS).
- EMS Agenda 2050 and the revised National EMS Scope of Practice Model have been released.
- Working groups are developing new EMS education standards and nomenclature for EMS personnel.
- The Office of EMS, in collaboration with the National Security Council (NSC) and the Federal Interagency Committee on EMS (FICEMS), have distributed updated guidelines on awareness and management of fourth-generation nerve agents.

- A NHTSA and NSC working group is addressing integration of EMS and hospital health records.
- With the NSC and the White Office of National Drug Control Policy, the 911 Program Office distributed applications to states for Next Generation 911 grants.

Health Resources and Services Administration (HRSA)

Diane Pilkey, RN, MPH

Ms. Pilkey offered the following updates:

- In January 2020, the EMS for Children (EMSC) program will begin its annual assessment of EMS agencies' achievement of EMS performance measures.
- The second National Pediatric Readiness Project assessment of emergency departments (EDs) will be launched in the summer of 2020.
- A pediatric toolkit for EDs is in development.
- A steering committee is developing guidelines and resources for providing safe and effective care for children in prehospital settings.
- Two sites recently joined the Pediatric Emergency Care Applied Research Network, and two sites left the network after unsuccessful bids for the new funding cycle.
- HRSA will soon announce the recipients of targeted issues grants to build evidence on the impact of prehospital pediatric emergency care coordinators (PECCs) on pediatric readiness of EDs and prehospital settings.
- The annual EMSC all-grantee meeting will take place in August 2019.

Prehospital Pediatric Emergency Care Coordinator Project

Diane Pilkey, RN, MPH

In its 2007 report, *Emergency Care for Children: Growing Pains*, the Institute of Medicine recommended that EMS agencies designate PECCs to ensure that EMS providers have adequate skills and knowledge; ensure the availability of pediatric medications, equipment, and supplies; and represent the pediatric perspective in EMS protocol development. PECCs in emergency departments are associated with improved documentation, clinical management, and staff awareness of pediatric priorities.

The 2017–2018 EMSC assessment showed that 80% of EMS agencies see fewer than eight pediatric patients a month, and only 23% have a PECC. Limited education on and experience with pediatric patients results in gaps in outcomes.

Through the EMSC PECC Learning Collaborative, nine State Partnership Grant recipients received one-time funding to establish a PECC in at least 50% of local EMS agencies that indicated an interest in adding this role. As a result, PECCs were established in 340 of the target 369 EMS agencies between October 2018 and March 2019.

Since the collaborative completed its work, the National Association of State EMS Officials (NASEMSO) passed a resolution recommending that EMS agencies appoint a PECC. EMSC will develop a community of practice to build on this effort, especially for states that did not participate in the EMSC PECC Learning Collaborative.

Critical Crossroads Project

Lorah Ludwig, MA

The Critical Crossroads Project ensures cross-department collaboration to improve emergency care for children in mental health crisis. The project is led by a federal steering committee that developed a care pathway which walks providers through triage, screening, ongoing assessment, and disposition of pediatric patients with mental health crises, and it can be customized to the local context. The Critical Crossroads Project website will list tools to support each step in the pathway along with case stories of rural experiences. Although the project focuses on EDs, the EMS community will receive information on how to apply the pathway to the EMS context.

NEMSAC suggested that the project issue a recommended protocol for EMS agencies that can be customized to local needs. Another recommendation was to develop a tool for law enforcement personnel, who are often the first responders to mental health crises.

FICEMS Strategic Plan Revision

Gam Wijetunge

FICEMS had planned a minor update of its 2013 5-year strategic plan. However, it quickly became apparent that a minor revision could not adequately address the concepts in the EMS Agenda 2050. Through a contract, a writing team will interview FICEMS leaders and draft a white paper laying out the framework for a more major revision to be completed in 2019 and 2020. The revised strategic plan will focus on priorities for the next 3–5 years.

Public Comment

David Finger, Chief of Legislative and Regulatory Affairs for the National Volunteer Fire Council, requested a correction of the summary of his remarks in the minutes of the October 15–16, 2018, NEMSAC meeting. Specifically, “volunteer firefighters” should be replaced with “volunteer EMS practitioners.” Mr. Robbins said that the minutes will be changed to reflect this correction.

Review and Discussion of Previous NEMSAC Recommendations

Eric Chaney

Before this meeting, each NEMSAC member was asked to review and summarize one or two previous NEMSAC advisories. Mr. Chaney presented a table showing each previous advisory and whether NEMSAC members had provided comments on that advisory.

New NEMSAC members reported that this experience helped them become familiar with the format and content of the advisories, although one could not determine which advisories have the highest priority. Reviewing the advisories also helped ensure that the current NEMSAC builds on and does not duplicate the work of previous councils.

Council members noted that some of the advisories are difficult to follow because of their length and complexity. A suggestion was to determine whether the advisory template needs to be reviewed. A motion carried for Mr. Robbins to identify the most up-to-date advisory template.

Emergency Triage, Treat, and Transport (ET3) Model

Carlye Burden, MPH, MS

Medicare typically pays for ambulance transport of beneficiaries only when they are brought to an ED. Therefore, 911 calls for Medicare beneficiaries usually result in transport to a high-acuity setting, such as an ED, even when lower-acuity, less costly settings might be more appropriate.

The ET3 Model of the Centers for Medicare & Medicaid Services (CMS) Innovation Center (CMMI) is a voluntary, 5-year payment model that will give ambulance personnel more flexibility in responding to the emergency health care needs of Medicare beneficiaries after a 911 call. CMS will pay participating ambulance suppliers and providers for the following new options (payment amounts will be the same as for transporting beneficiaries to an ED):

- Transport the beneficiary to an alternative destination (e.g., primary care doctor's office or urgent care clinic)
- Provide treatment in place from a Medicare-enrolled, qualified health care practitioner (physician, nurse practitioner, or physician's assistant) at the scene or through telehealth

Medicare-enrolled ambulance suppliers and providers will be able to submit applications to participate in ET3 in the fall. Local governments and others with authority over 911 dispatch systems will have an opportunity to apply for a cooperative agreement to establish a medical triage line for low-acuity calls received through the 911 dispatch system in an area where the local ambulance service has an ET3 award.

CMS hopes that the new model will decrease the number of transports of Medicare beneficiaries. However, CMS acknowledges the risk that payments will increase when physicians treat minor cases that EMS personnel would currently handle with treat and release.

NEMSAC members expressed strong support for ET3 and offered the following recommendations to ensure that the model fits EMS services more readily:

- **Include paramedics as qualified health care practitioners**
- **Allow telehealth to be delivered through audio feeds only so that EMS agencies in rural areas and others with poor Internet access can participate in the model**
- **Consult EMS providers and companies that develop protocols for 911 centers**
- **Consider the impact of providing treatment in place on ambulance availability to transport other patients**

Review of Ongoing NHTSA Projects

Laurie Flaherty, MS, and David Bryson

Ms. Flaherty explained that the National 911 Program brings stakeholders together to provide advice, collects and creates resources for 911 system operators, and administers the 911 Grant Program. This grant program supports state and local efforts to implement online protocol-based

technology that, among other capabilities, allows 911 systems to transfer calls to one another when these systems are overloaded (e.g., in a local disaster). Cardiopulmonary Resuscitation (CPR) LifeLinks addresses recommendations from NEMSAC and the National Academy of Sciences by helping 911 and EMS agencies offer dispatch-assisted CPR. The National 911 Program has issued a request for information on the first steps required to create a uniform 911 data system.

Mr. Bryson reported that the Office of EMS has issued a contract to review the National EMS Education Standards. The first draft of the standards will be released shortly for review by the EMS community. The next draft along with instructional guidelines will be completed after an October 3–4, 2019, meeting. In response to a 2017 NEMSAC recommendation, NHTSA has issued a contract for a white paper on EMS professional nomenclature.

NEMSIS Update

Eric Chaney

As of June 18, 2019, 42 U.S. states and territories had state-level systems collecting NEMSIS version 3 records from local agencies and transmitting a subset of those records to the National EMS Database. The 2018 dataset, which contains more than 21 million records, will be released shortly. More than 800 online documents have used or referred to NEMSIS. To date, 40 peer-reviewed journal articles and abstracts on studies that used NEMSIS data have been published thus year. NEMSIS version 3.5.0 will be released in September 2019.

Ad Hoc Committee Reports

Trauma Request for Information (RFI)

Chair: Mary Fallat, MD

This project builds on a 2016 National Academies of Science, Engineering, and Medicine report on the integration of military and civilian trauma systems to achieve zero preventable deaths after injury. A 2016 NEMSAC advisory supported this integration. A 2018 FICEMS RFI requested public input on, among other issues, EMS data integration and cross-training military and civilian EMS.

The Trauma RFI Ad Hoc Committee has reviewed the 26 organizational responses to the 24 RFI questions and categorized them in a spreadsheet. The committee will prepare a final report summarizing the results of its review for the next NEMSAC meeting. Three draft advisories that are particularly relevant to the work of this committee are those on alignment of mass casualty triage, telehealth, and prehospital research.

Dr. Fallat's presentation to NEMSAC generated a lively discussion on the following topics:

- The difficulty for academic institutions, because of low demand, to offer the courses that military servicemembers need for making the transition to civilian EMS practice
- State government reluctance to accept military training for civilian EMS licensure
- Need for civilian EMS experience during military service for servicemembers

Dr. Krohmer suggested setting aside time at the next NEMSAC meeting for further discussion of this topic.

Opioid Personal Protective Equipment (PPE)

Chair: Chuck O'Neal

Many law enforcement, fire, and EMS personnel have been concerned about exposure to synthetic opioids, and the toxicity that can result requires treatment. The Opioid PPE Committee found little peer-reviewed research on these exposures, even though they are often reported by the media. Some organizations have issued position statements regarding necessary PPE to prevent opioid exposures in EMS personnel.

The committee has drafted an advisory for review by the Professional Safety Committee. This advisory recommends that NEMSAC endorse the position statement of the American College of Medical Toxicology and American Academy of Clinical Toxicology, "Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders."

A motion subsequently carried to grant interim approval to this draft advisory.

Evidence-Based Guideline Review

Chair: Chuck O'Neal

The Evidence-Based Guideline Review Committee has revised a 2017 NEMSAC advisory, "Successful Integration of Improvement Science in EMS." The revisions include removal of duplicate content, changes in the target dates for the strategic goals, and edits to the wording of three of five recommendations.

A motion subsequently carried to grant interim approval to this draft advisory.

Day 2: July 10, 2019

NEMSAC Committee Updates

Vincent Robbins, MS

Mr. Robbins explained that the official template for NEMSAC advisories had just been distributed to NEMSAC members. He noted that NEMSAC recommendations must be specific and measurable, and they must not mention specific products, vendors, or manufacturers. Dr. Krohmer added that as a federal advisory committee, NEMSAC may not endorse a specific product or be perceived as endorsing one.

To make the advisories easier to read, NEMSAC agreed to place the recommendations in the advisories immediately after the executive summary. Another agreed-on change was to replace "Resources/References" with "Sources/References."

Profession Safety

Chair: Matthew Powers, RN

The Profession Safety Committee is working on two advisories:

- Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders
- Mitigation of Direct Violence Against EMS Providers

Integration and Technology

Chair: Sean Kaye

The Integration and Technology Committee is developing a draft advisory on a standardized community paramedic dataset as a component of NEMSIS. A second advisory will recommend that NEMSIS make data available on injuries, rates of morbidities (including those related to mental health), and rates of mortality in EMS personnel.

In response to a question about the process for adding new data elements to NEMSIS, Dr. Krohmer explained that the NEMSIS team works with the NASEMSO Data Managers Council to review suggested new data elements once a year and evaluate their appropriateness. Typically, incorporating new data elements into NEMSIS takes 2–3 years.

NEMSAC offered the following suggestions:

- **Issue the annual calls for data elements to the general EMS community because data managers might not be aware of all the needs for new data elements**
- **Collect data on injuries and deaths to patients and EMS providers when behavioral health issues are not managed properly**
- **Merge the draft advisory on injuries, morbidities, and mortality rates advisory of the Integration and Technology Committee with both advisories of the Profession Safety Committee**

Preparedness and Education

Chair: Nanfi Lubogo

The committee is drafting two advisories:

- Formalized EMS Education and Professional Transition
- EMS Resources Allocation and Distribution During Disasters

Equitable Patient Care

Chair: Richard Bradley, MD

The Equitable Patient Care Committee has one advisory, Reducing Social Inequities in EMS Through a National Out-of-Hospital Cardiac Arrest Registry. This advisory builds on a recommendation from the Institute of Medicine that has not been implemented.

Dr. Krohmer said that the advisory's recommendation to create a national cardiac arrest registry appears to be measurable and specific enough for implementation by the Office of EMS. He also

noted that the Assistant Secretary for Health at the Department of Health and Human Services has a related effort that might benefit from NEMSAC support. Ideally, NEMSIS-compliant systems would automatically collect the required prehospital data and transmit these data to the prehospital cardiac arrest registry.

NEMSAC members asked whether the Equitable Patient Care Committee plans to address disparities beyond those associated with cardiac arrest. Dr. Bradley explained that once the committee completes the cardiac arrest advisory, it will identify other issues to work on.

Sustainability and Efficiency

Chair: Shawn Baird, MA

The Sustainability and Efficiency Committee is revising a previous NEMSAC advisory, EMS System Performance-based Funding and Reimbursement Model (originally approved in 2012 and revised in 2016). Two recommendations in the advisory have largely been accomplished, so the committee plans to keep the third recommendation and determine whether to add others.

A NEMSAC suggestion was to note in the advisory that previous NEMSAC recommendations have called for changes in CMS reimbursement for EMS, and the ET3 model addresses some of these recommendations.

Adaptability and Innovation

Chair: Val Gale, MS

The committee is working on two advisories:

- CMS Reimbursable EMS Delivery Models
- Telemedicine as a Strategy for EMS Care

NEMSAC suggested that the first advisory incorporate medical control protocols. In response to a NEMSAC question about the status of EMS providers as suppliers for CMS reimbursement, Dr. Krohmer explained that the Office of EMS has discussed this issue with CMS, most recently in the context of the ET3 model. CMS is considering mechanisms that would allow this change, but the current regulations specify that providers must be physicians, nurse practitioners, or physician assistants. Dr. Krohmer was very pleased with the progress made by CMMI in its consideration of alternative reimbursement models for EMS.

For the second advisory, NEMSAC noted that telehealth could benefit rural areas at least as much as urban areas, but the costs of this technology are a significant barrier. Dr. Fallat requested assistance with obtaining data on the costs of telehealth technology. NEMSAC discussed whether technology could ultimately allow technicians to replace paramedics. Telehealth could offer mentorship and ongoing education, and it could serve as a cognitive aid (e.g., to provide details on appropriate dosing). However, NEMSAC members believe that paramedics will continue to have value even with widespread adoption of telehealth.

Greeting from the Deputy Administrator of NHTSA

Deputy Administrator: Heidi King

Ms. King emphasized the importance of NEMSAC's role of advising NHTSA. One of the issues Ms. King is addressing is the use of smart vehicle technology to allow emergency first responders to travel safely through intersections. NHTSA would like NEMSAC's advice on building systems and use of technologies that allow vehicles to communicate with systems that manage traffic by controlling traffic lights.

Public Comment

Mr. Finger asked that copies of the draft advisories discussed at each NEMSAC meeting be distributed to members of the public attending these meetings so that they can follow the discussions. Mr. Gale suggested projecting the names of the committees and their advisories on the screen as each advisory is discussed.

NEMSAC Focus Areas for 2019–2020

NEMSAC considered ambulance safety, including ambulance vehicle safety standards, as a potential NEMSAC focus area for 2019–2020. In 2011, 84% of persons who died in inside ground ambulances involved in motor vehicle crashes were not buckled or restrained properly, and a 100% compliance rate would have prevented 10 deaths a year. Several states have adopted ambulance standards, but others have no standards.

Office of EMS staff explained that the General Services Administration (GSA) regulates the safety features of vehicles, including air bags. Car companies that manufacture ambulance chassis are required to follow all applicable federal motor vehicle safety standards. The GSA has not issued remount standards, although the National Fire Protection Association and Commission on Accreditation of Ambulance Services do have remount standards. NHTSA does not address regulatory issues pertaining to ambulance safety, but it can do so for ambulance safety components.

NEMSAC suggested that the Profession Safety Committee consider an advisory about collecting data on all serious injuries and deaths in ambulance accidents. Such data will be valuable for understanding the causes of these injuries and deaths.

Best practices are needed for recognizing these risks and balancing patient rights with the safety of EMS personnel and the general public. NEMSAC suggested that the next meeting include presentations on this issue with a focus on pediatric patients and the law enforcement perspective.

NEMSAC Committee Meetings

The NEMSAC committees met, and their meetings were open to the public. These meetings continued on the morning of the third day of the meeting, July 11, 2019.

Day 3: July 11, 2019

NEMSAC discussed the value of PECCs for EMS systems. PECCs could be responsible for a single EMS service or all EMS services in a region. EMS systems could appoint PECCs without hiring new personnel or using additional funds because the PECCs could be existing EMS providers.

A motion carried unanimously for NEMSAC to endorse the concept of a PECC for individual EMS services and to explore with the Office of EMS the most appropriate mechanism for expressing this endorsement.

NEMSAC Committees Updates

Profession Safety

Chair: Matthew Powers, RN

The Profession Safety Committee will work with the Integration and Technology Committee to coordinate their advisories. The Profession Safety Committee expects to present both of its advisories for interim approval at the September 2019 NEMSAC meeting, and it is considering a new advisory on ambulance accidents.

Integration and Technology

Chair: Sean Kaye

The committee expects to present its draft advisories on developing a standardized community paramedic dataset and on data on injuries, morbidities, and mortality rates in EMS personnel for interim approval at the September 2019 NEMSAC meeting. The committee also plans to present a third advisory, on vehicle technology in EMS and personal vehicles, for interim review at the September meeting.

Preparedness and Education

Chair: Nanfi Lubogo

The committee plans to present both of its advisories for interim approval at the September 2019 NEMSAC meeting.

Equitable Patient Care

Chair: Richard Bradley, MD

The committee expects to present its advisory for interim approval at the September 2019 NEMSAC meeting. The committee is considering a new advisory on recognizing and using education to overcome implicit bias in EMS professionals.

Sustainability and Efficiency

Chair: Shawn Baird, MA

The committee expects to present its updated advisory for interim approval at the September 2019 NEMSAC meeting.

Adaptability and Innovation

Chair: Val Gale, MS

The committee plans to present two advisories for interim approval at the September 2019 NEMSAC meeting. The committee is developing a new advisory on recruitment and retention of rural EMS personnel, but this advisory will not be ready for interim approval in September.

NEMSAC Next Steps and Wrap up

Dr. Krohmer thanked Sharon Peoples of JDC Events and Mr. Chaney for coordinating the meeting. He also thanked NEMSAC on behalf of the Department of Transportation and FICEMS for members' willingness to serve on the committee. Dr. Krohmer emphasized the need for all NEMSAC members to review all of the draft advisories that will be presented for interim review before the September 2019 NEMSAC meeting. Because the committee plans to consider 11 advisories for interim approval in September, it will not have time to hear summaries of each one.

Adjourn

A motion carried to adjourn the meeting at 1:46 p.m.

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.

Vince Robbins, Chair, NEMSAC

Date

These minutes will be considered formally for approval by the council at its next meeting. Any corrections or insertions will be made in the minutes at that time.

Appendix A: Participants

National Emergency Medical Services Advisory Council Members in Attendance and Their Sectors

Kathleen Adelgais, MD
Pediatric Emergency
Physicians
Golden, CO

Shawn Baird, MA
Private EMS
Portland, OR

Cherie Bartram
Public Safety Call-
taker/Dispatch (911)
Richmond, MI

Richard Bradley, MD
Emergency Physicians
Houston, TX

Eric Emery
Tribal EMS
Rosebud, SD

Mary Fallat, MD
Trauma Surgeons
Louisville, KY

Val Gale, MS
Local EMS Service
Directors/Administrators
Gilbert, AZ

Brett Garrett
EMS Practitioners
McCalla, AL

Sean Kaye
EMS Data Managers
Chapel Hill, NC

Lori Knight RN
Emergency Management
Placentia, CA

Nanfi Lubogo
Consumers
Cromwell, CT

W. Mike McMichael III
Volunteer EMS
Delaware City, DE

Chuck O'Neal
State EMS Directors
Berea, KY

Matthew Powers RN
Emergency Nurses
Pleasant Hill, CA

Vincent Robbins, MS
Hospital-Based EMS
Neptune, NJ

Peter Taillac MD
EMS Medical Directors
Salt Lake City, UT

John Tobin III
Fire-based (career) EMS
Phoenix, AZ

Jonathan Washko MBS
EMS Quality Improvement
Northport, NY

Lynn White, MS
EMS Researchers
Copley, OH

Speakers

David Bryson
Emergency Medical Services Specialist
Office of Emergency Medical Services
National Highway Traffic Safety
Administration (NHTSA)
Department of Transportation

Carlye Burd, MPH, MS
ET3 Model Lead
Center for Medicare and Medicaid
Innovation
Centers for Medicare & Medicaid Services

Eric Chaney
Emergency Medical Services Specialist
Office of Emergency Medical Services
NHTSA
Department of Transportation

Laurie Flaherty, MS
Coordinator, National 911 Program
Office of Emergency Medical Services
NHTSA
Department of Transportation

Heidi King
Deputy Administrator
NHTSA

Jon Krohmer, MD
Office of Emergency Medical Services
NHTSA
Department of Transportation

Lorah Ludwig, MA
Public Health Analyst/Federal Project
Officer
Health Resources and Services
Administration

Diane Pilkey, RN, MPH
Public Health Analyst
Division of Child, Adolescent and Family
Health
Health Resources and Services
Administration

Vincent Robbins, MS
Chair, National EMS Advisory Council

Gam Wijetunge
Office of Emergency Medical Services
NHTSA
Department of Transportation

Appendix B: Conflicts of Interest

NEMSAC members disclosed the following new real, potential, or perceived conflicts of interest:

- Dr. Adalgais: Principal investigator and project director, EMS for Children in Colorado
- Mr. Baird: President elect, American Ambulance Association
- Ms. Bartram: Board member, Save My Heart
- Dr. Bradley: Board member, Citizen CPR Foundation; co-coordinator, National Cardiac Arrest Collaborative; volunteer, American Red Cross
- Dr. Fallat: Program director, EMS for Children in Kentucky
- Ms. Lubogo: Member, Family Advisory Network, Emergency Medical Services for Children
- Mr. Powers: Past president, Emergency Nurses Association; chair, EMS Committee, Emergency Nurses Association
- Dr. Taillac: Board member, National Association of EMS Physicians
- Mr. Washko: Board member, National Association of Emergency Medical Technicians, National EMS Quality Alliance
- Ms. White: Board member, American Medical Response Foundation for Research and Education

No other NEMSAC member reported a new conflict of interest or potential conflict of interest.